

# Armed Forces College of Medicine AFCM



### Lower 4 cranial nerves

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**Professor of Anatomy** 

#### **INTENDED LEARNING OBJECTIVES (ILO)**



# By the end of this lecture the student

## will be able to:

- 1. Describe course and branches of glossopharyngeal nerve & vagus nerve, in neck.
- 2. Describe course and branches of accessory nerve: its cranial & spinal parts.
- 3. Describe course and branches of

#### Lecture Plan



- 1. Part 1 (5 min) Introduction to any cranial nerve
- 2. Part 2 (25 min) Glossopharyngeal & Vagus nerves
- 3. Part 3 (10 min) Accessory nerve
- 4. Part 4 (10 min) Hypoglossal nerve
- 5. Summary (5 min)

#### Points to be discussed in any cranial nerve



- 1- Deep attachment (nuclei).
- 2- Superficial attachment (medulla oblongata).
- 3- Site of piercing the dura.
- 4- Exit from skull.
- 5- Course & pathway.
- 6- Branches.
- 7- Applied points.

# Glossopharyngeal Nerve

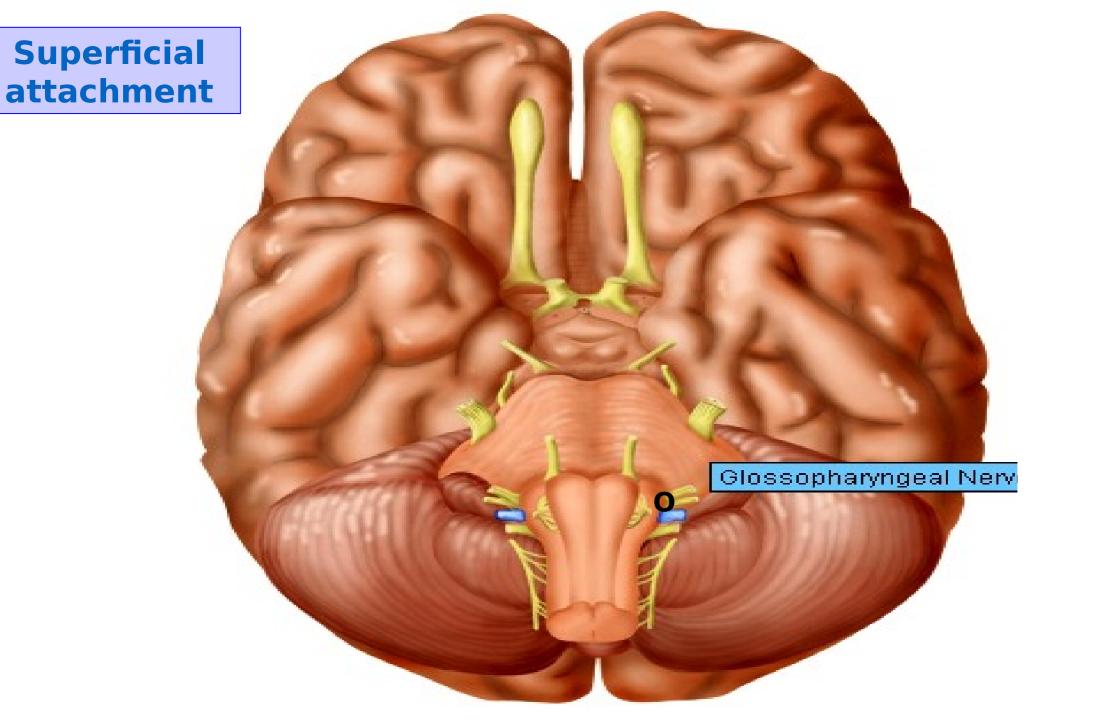
# Glosso-pharyngeal N. (IX)

It supplies

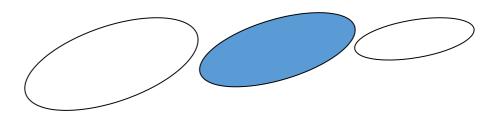
**Tongue** 

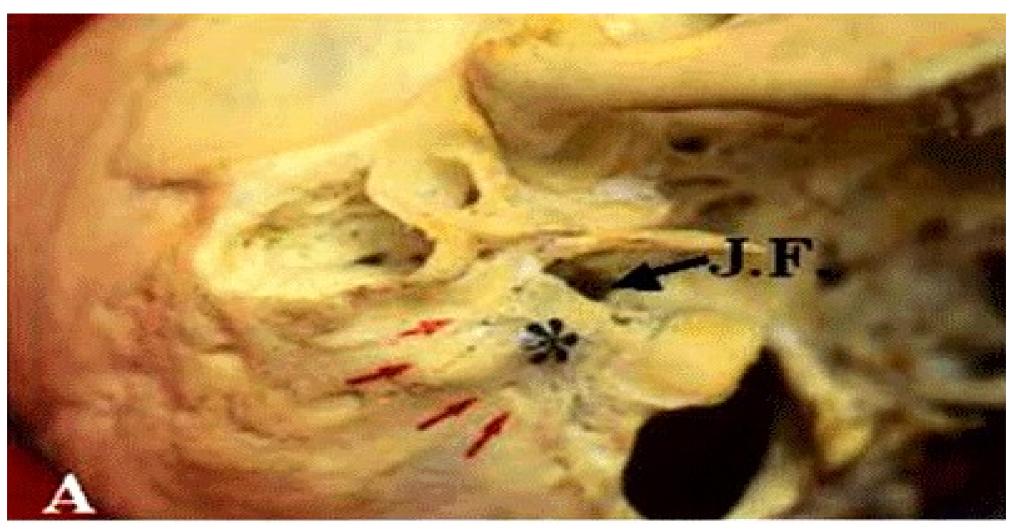
&

**Pharynx** 



# **Exit from the skull:** via middle compartment of Jugular F.

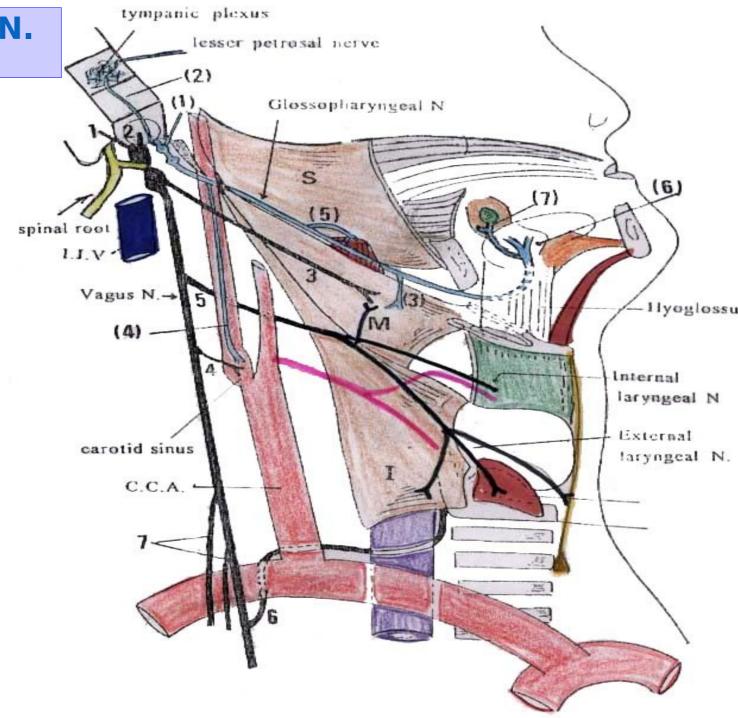




Course of Glossopharyngeal N.

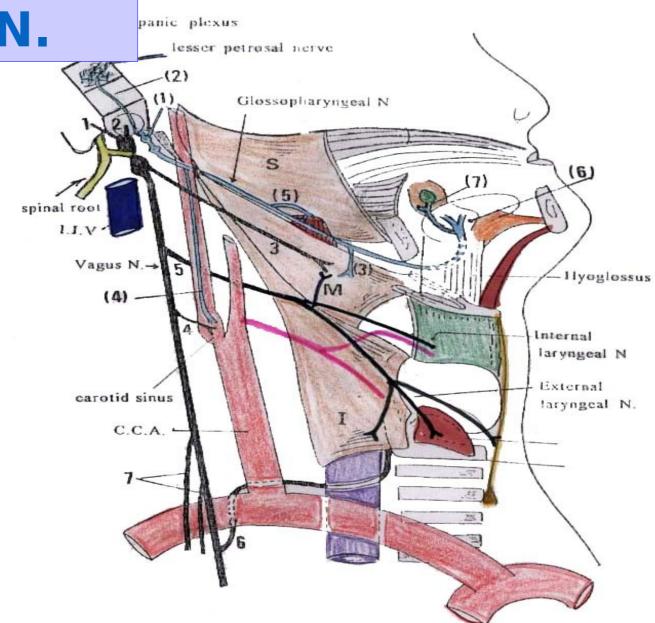
# N. which passes in between:

- 1- Olive & ICP of medulla oblongata.
- 2- Middle compartment of jugular F. i.e. between med. & lat. compartments of the jugular F.
- 3- ICA & IJV in the carotid sheath.
- 4- ICA & ECA leaving the carotid sheath.
- 5- Sup. & middle

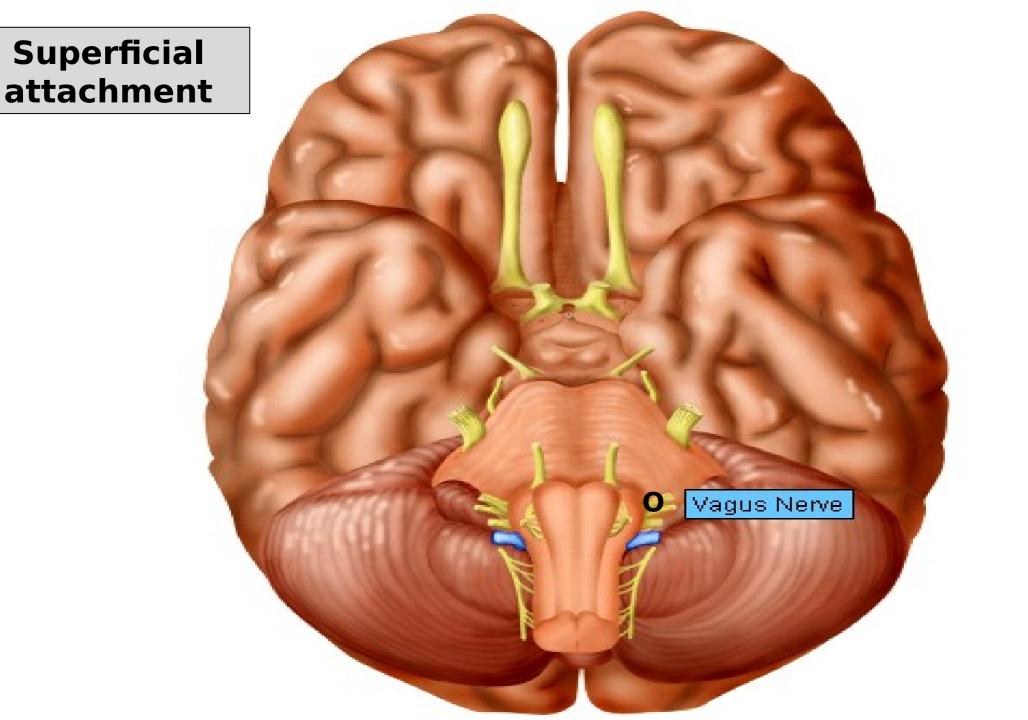


# •Branches of Glossopharyngeal N.

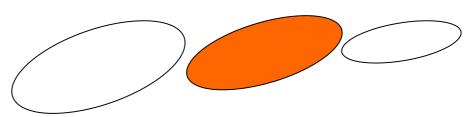
- 1- Tympanic br. (<u>middle</u> ear br.) → tympanic plx → lesser petrosal N. (sensory & <u>parasymp</u>.) → relays in otic ganglion → auriculotemporal N. to parotid gld.
- 2- Carotid br. → carotid body.
- 3- Pharyngeal br. (<u>Sensory</u>) → pharyngeal plexus.
- 4- Tonsillar br. → palatine tonsil.
- 5- Lingual br. → post. 1/3 of tongue (taste & general sensations).
- 6- Meningeal → sensory to post. cranial fossa meninges.
  - ( & Motor  $\rightarrow$  stylopharyngeus M.)

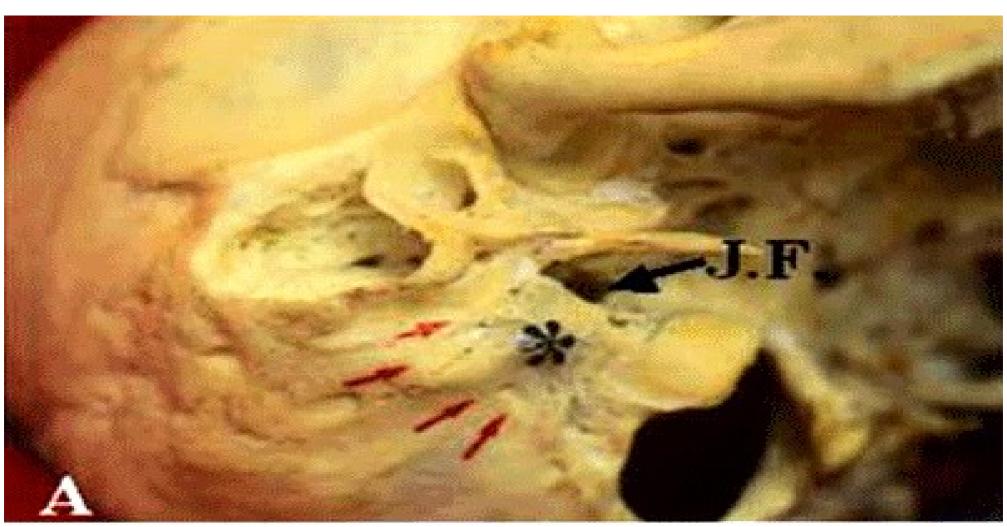


# Vagus Verve



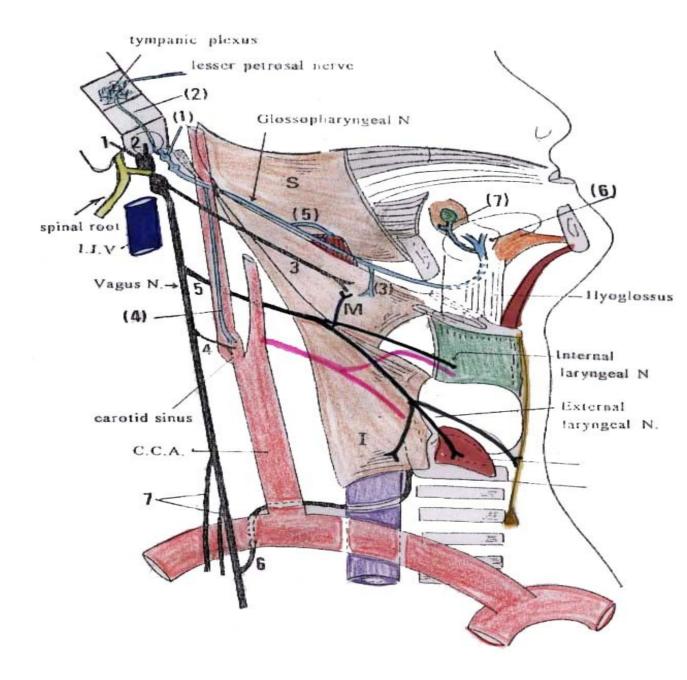
# **Exit from the skull:** via middle compartment of Jugular F.





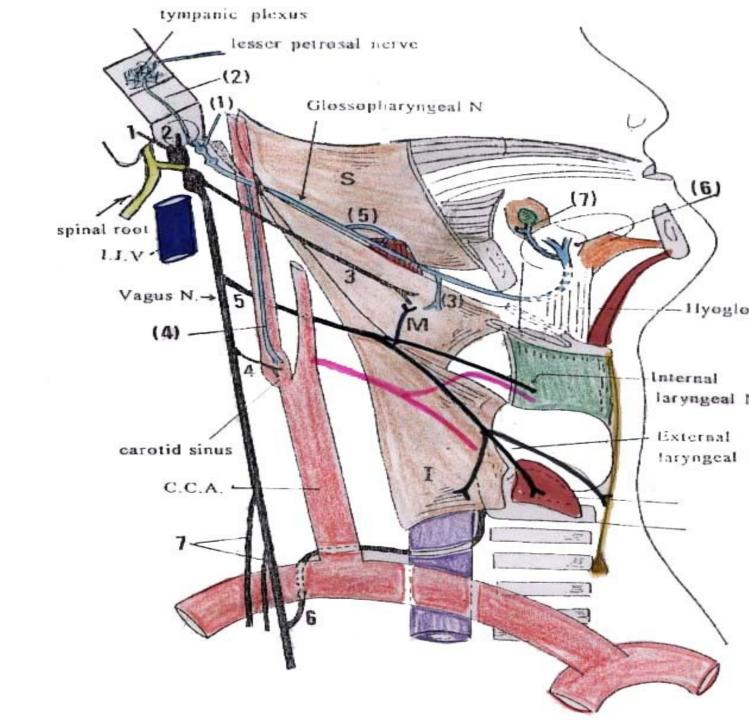
# Vagus N. (Course)

- 1- Olive & ICP of medulla oblongata.
- 2- Middle compartment of jugular F. i.e. between med. & lat. compartments of the jugular F.
- 3- ICA & IJV in the carotid sheath.
- 4- Continues inside the sheath between CCA & IJV.



# Vagus N. (**Branche V**agus N.

- 1- Auricular br.
   (<u>external</u> ear br.).
- 2- Carotid br. → carotid body.
- 3- Pharyngeal br. (Motor) → pharyngeal plexus.
- 4- Sup. laryngeal br.
- 5- Recurrent **laryngeal** br.



6- Meningeal → sensory

# Brs. of Glossopharyngeal N.

- 1- Tympanic br. (*middle* ear br.) → tympanic plx → lesser petrosal N. → relays in otic ganglion → auriculotemporal N. to parotid gld.
- 2- Carotid br. → carotid body.
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- 4- Tonsillar br. → palatine tonsil.
- 5- Lingual br. → post. 1/3 of tongue (taste & general sensations).

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- 5- Recurrent **laryngeal** br.
- 6- Meningeal → sensory to post. cranial fossa

#### **Lecture Quiz**



# The glossopharyngeal nerve is accidentally transected in a surgical procedure done in a 45-years-old male patient. Which of the following is most likely to be lost in this patient?

- A. Taste sensation from the anterior 2/3 of the tongue.
- **B.** General sensation from the tonsil.
- C. Salivary secretion from submandibular gland.

  Anatomy Department

### Lecture Quiz Answer



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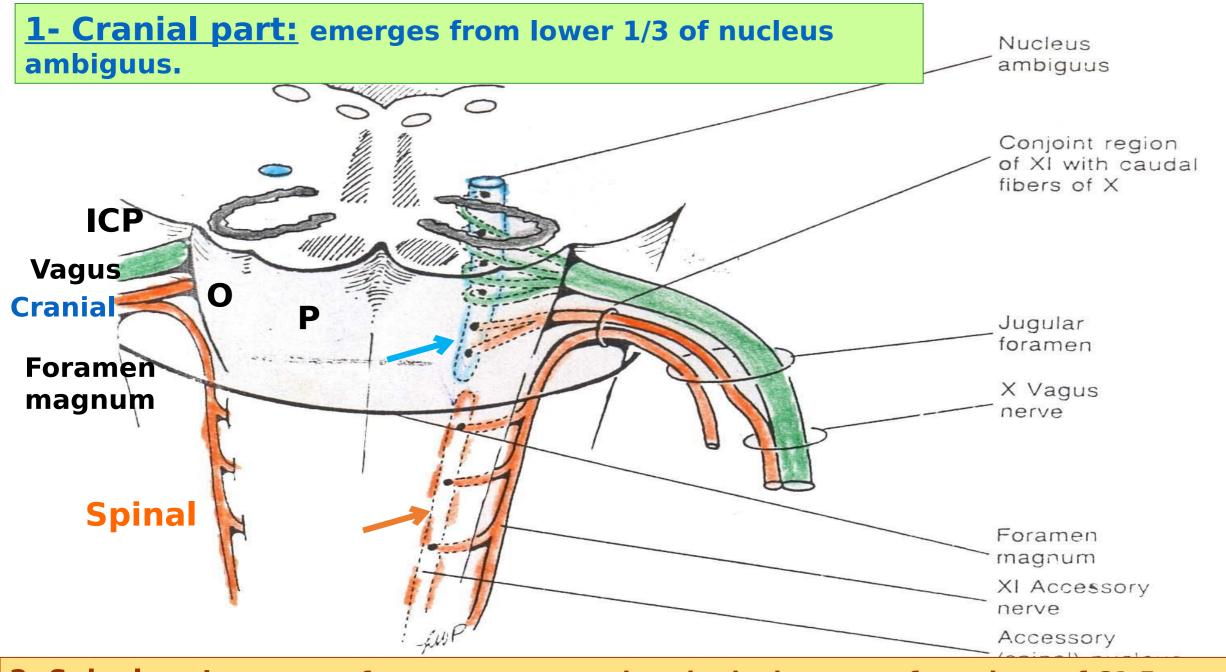
# Accessory Nerve

# Accessory N.

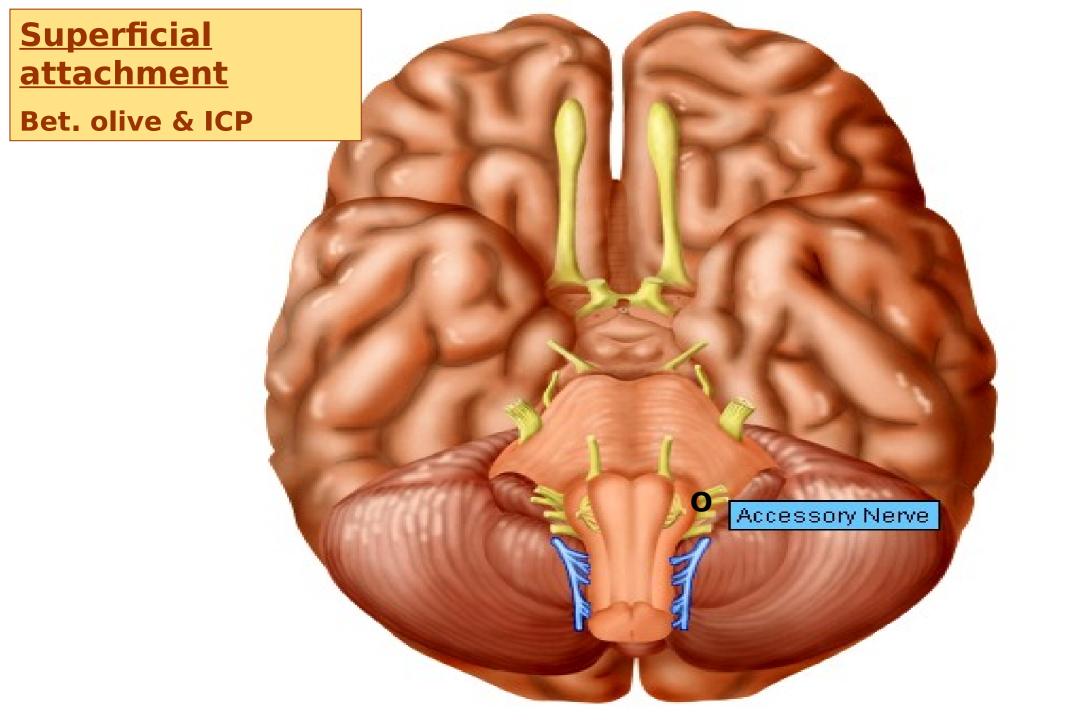
It is purely motor
It has 2 parts:

1- Cranial part

2- Spinal part

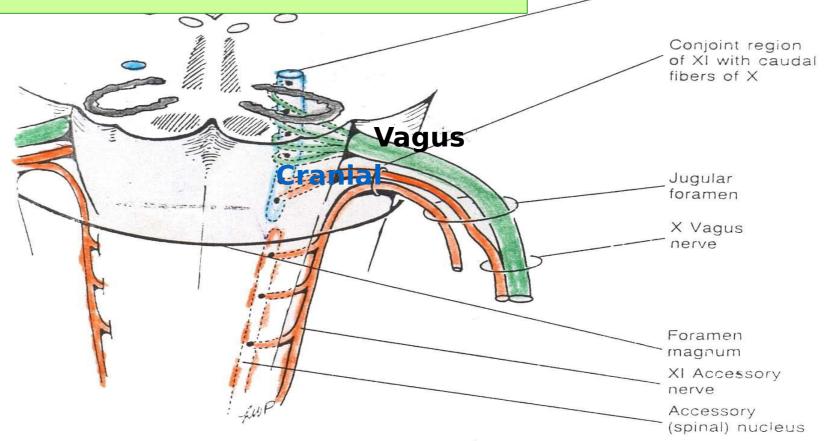


2- Spinal part: emerges from accessory nucleus in the lat. part of ant. horn of C1-5 → enters skull via F. magnum



# 1- Cranial part: emerges from lower 1/3 of nucleus ambiguus.

The cranial part joins the vagus be distributed through its branches (pharyngeal and recurrent laryngeal) the supply to muscles of the palate (except the tensor palati); pharynx and larynx.



Nucleus ambiguus 2-Spinal part

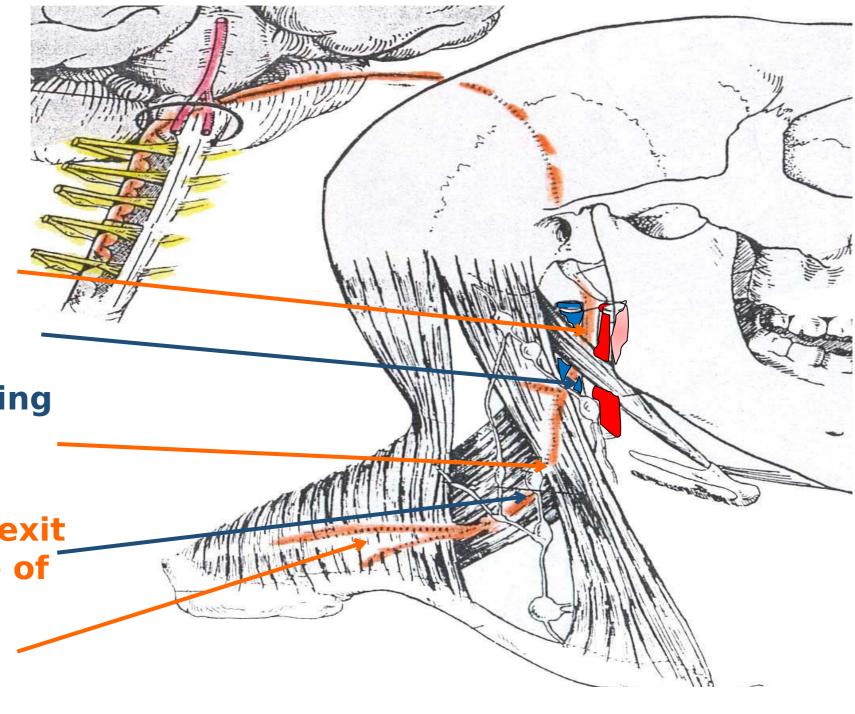
# Spinal part

1- In carotid sheath.

2- Leaves the sheath by crossing IJV posteriorly.

3- Supplies sternomastoid, exit from the middle of its post. border.

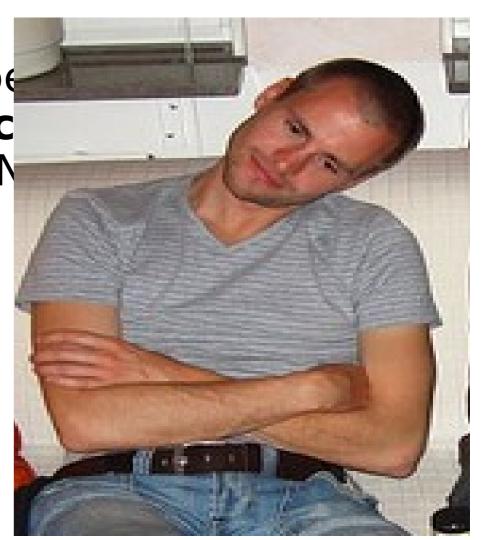
4- On levator scapulae in the



# **Applied anatomy**

 Torticollis = spasm of trape sternomastoid Ms. due to acc irritation e.g. by enlarged LN triangle.

A tale of 2 friends



### **Lecture Quiz**



# Spinal part of accessory nerve supplies:

- A.Trapezius and sternohyoid.
- B.Sternomastoid and sternothyroid.
- C.Trapezius and sternothyroid.
- D.Sternomastoid and sternohyoid.
- E.Trapezius & sternomastoid.

#### Lecture Quiz Answer



### Spinal part of accessory nerve supplies:

- A.Trapezius and sternohyoid.
- B.Sternomastoid and sternothyroid.
- C.Trapezius and sternothyroid.
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# E.Trapezius & sternomastoid.

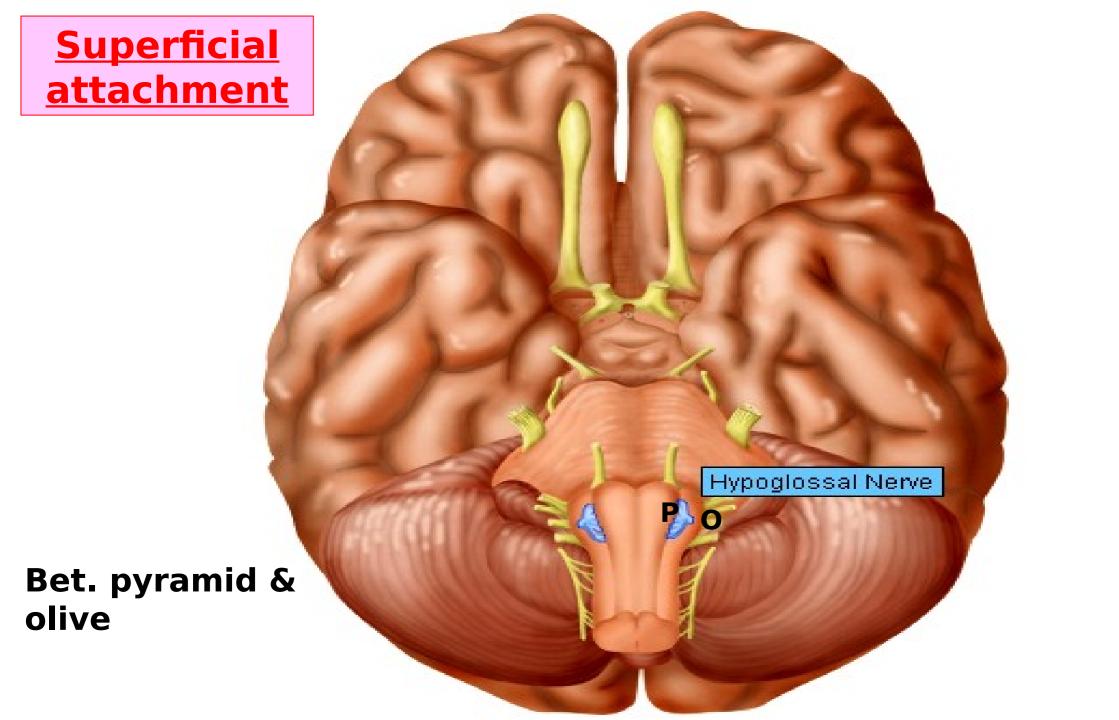
# Hypoglossal Nerve

# Hypoglossal N. (XII)

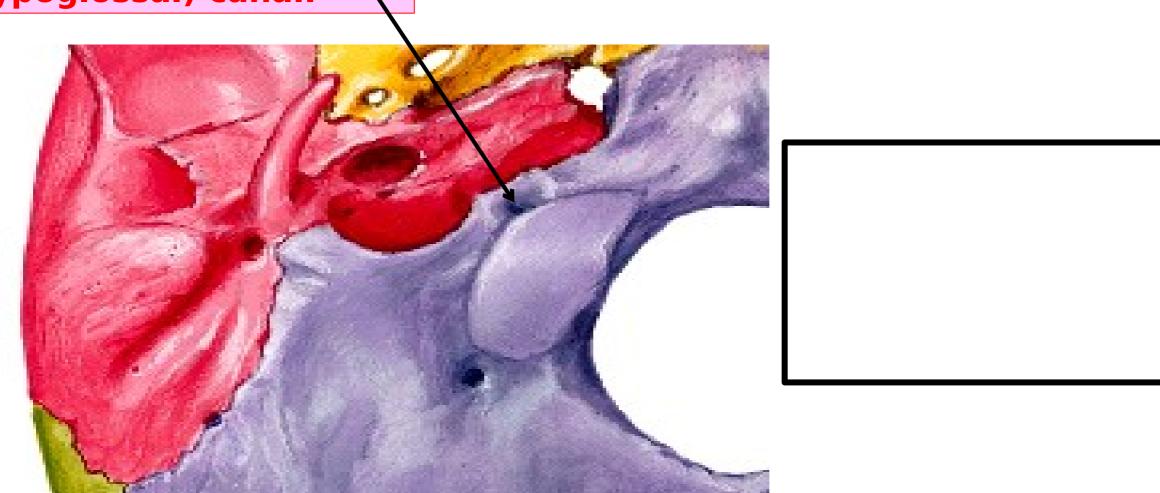
It is **PURELY MOTOR N.** 

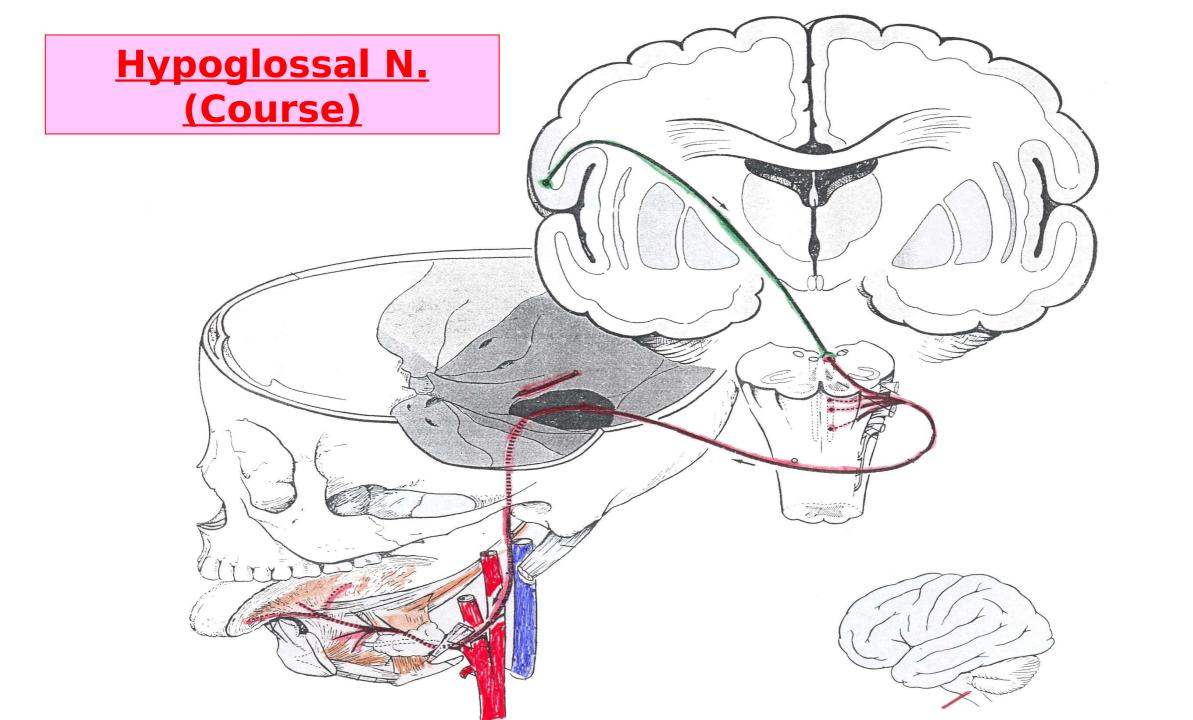
to Ms. of the tongue,

reaching the tongue from below- upwards.



Exit from skull:
via ant. condylar
(Hypoglossal) canal.





# Hypoglossal N. (Course & Branches)

- Branches

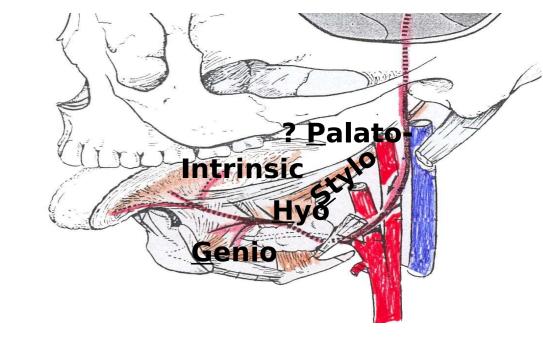
  Descends vertically between I.J.V. and
  I.C.A.
- Entering the carotid triangle, it runs forwards with a curve crossing I.C.A. ,ECA and the bend of lingual artery.
- it runs upwards and forwards in digastric triangle superficial to hyoglossus
- Disappears under cover of mylohyoid, and **Brinenter** genioglossus muscle.

#### A. Branches originally from C1

- 1. Meningeal: re-enters skull through anterior condylar canal.
- 2. Descendens hypoglossi: joins descendens cervicalis to form ansa cervicalis which supplies infrahyoid muscles.
  - 3. Nerve to thyrohyoid.
  - 4. Nerve to geniohyoid.

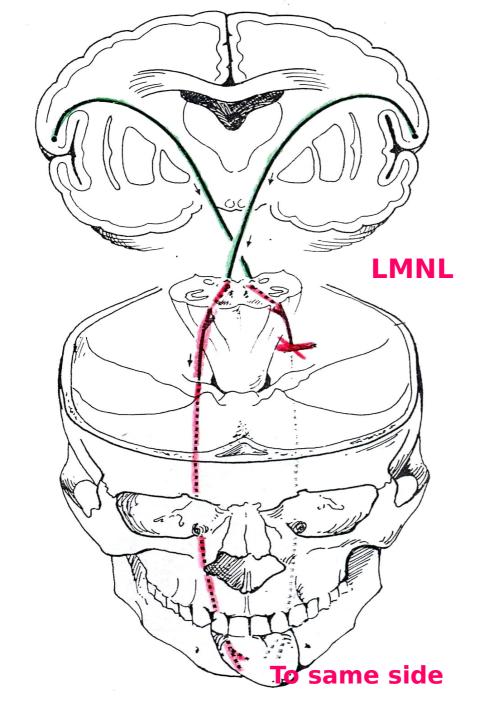
#### B. Branches for tongue musculatures

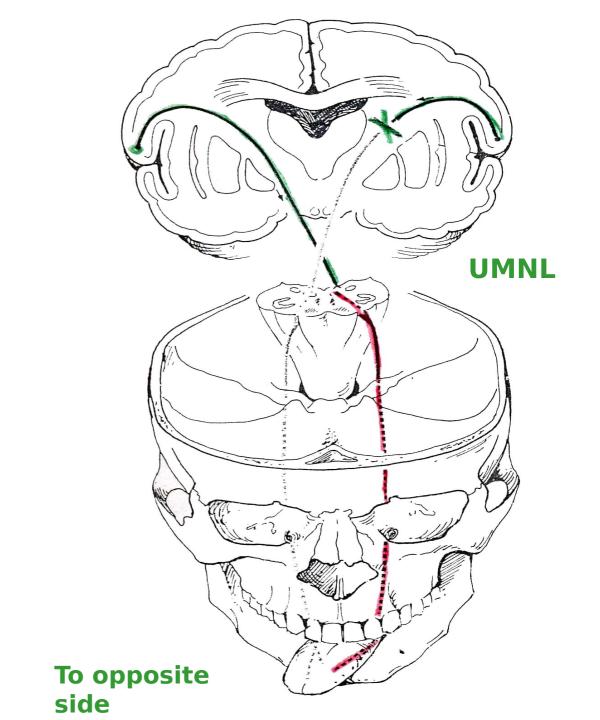
To hyoglossus.
 To styloglossus.



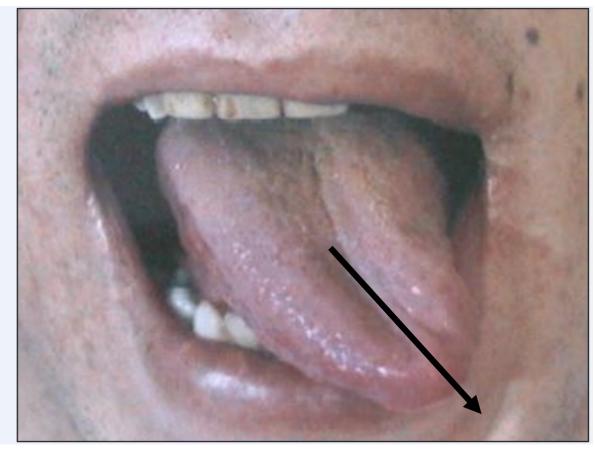
# **Clinical testing**

- Ask the patient to protrude the tongue outwards:
- 1) Normally, it is out & straight as actions of both genioglossus Ms. are neutralized.
- 2) In LMNL of XII, it is deviated to the same side (associated with <u>wasting</u> of tongue) by the effect of the unopposed contralat. genioglossus M.
- 3) In UMNL of XII, it is deviated to the contralat. side (associated with <u>no</u> wasting of tongue).
- 4) In bilat. XII lesion, the tongue lies motionless with slow articulation & difficult swallowing.









**LMNL** UMNL

### **Lecture Quiz**



# A patient is asked to stick out her tongue and a left deviation is noted. This problem most likely indicates injury to which of the following cranial nerves?

- A.Mandibular division of the left trigeminal.
- B.Left facial.
- C.Left glossopharyngeal.
- D.Left vagus and cranial root of the left accessory.
- E.Left hypoglossal.

#### Lecture Quiz Answer



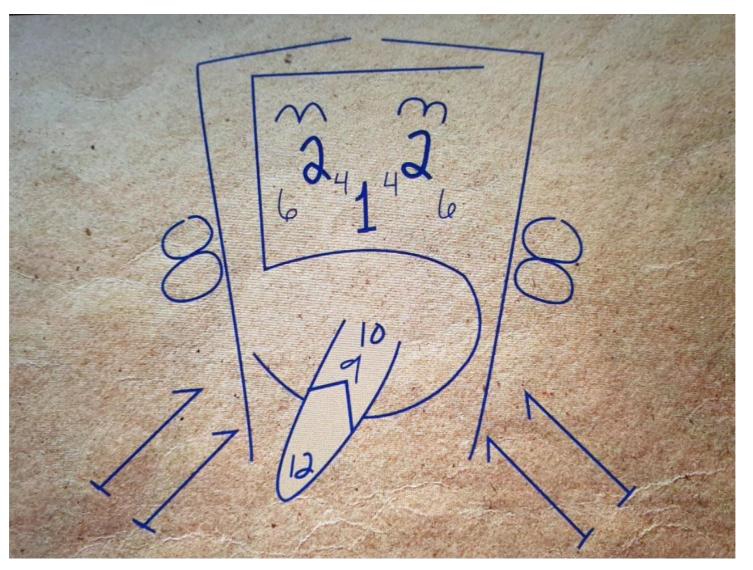
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- C.Left glossopharyngeal.
- D.Left vagus and cranial root of the left accessory.

## E.Left hypoglossal.

### Summary of functions of all cranial nerves





Foundation of Medical Cadet Module

# **SUGGESTED TEXTBOOKS**



Snell, Clinical Anatomy, 7th edition, p. 614-618.

Thank You